



EmployeeElect “Open Window” Change Request Form “Designated Plans” Groups (2-50 and 51-99)

FAX your completed form to **805-713-7024**. Complete this form only for employees who are changing plans. Refer to the EmployeeElect/EmployeeChoice renewal CD to help you and your employees make the choice that's right for them.

Please tell us who you are and how we can reach you:

Group No.	Company Name
Phone	Contact Name
FAX	Email (required if electing Mellon Bank)

Be sure to complete this section to authorize these changes:

Employer Statement of Understanding - Applies to HSA Compatible and any high deductible plans (with the exception of the EPO plan). I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wrap around product, now or in the future.

I am an owner or officer of this company, and hereby authorize the following changes to our Anthem Blue Cross group medical coverage portfolio.

Signature _____ Date _____
 Print Name _____ Requested Effective Date _____

For each member who wishes to change plans: provide member's name and identification number, and mark the plan the member wishes to be moved to.

***Important Note:** Upgrades and plan additions require the following: Employer Application, letter from the group signed by an owner or officer, *California Quarterly Wage and Withholding Report* (DE-6) and this form. Upgrades and plan additions will be medically underwritten and can be declined.

New enrollees or family additions must complete an Employee application requesting coverage.

Will employer establish a Mellon Health Savings Account for the Lumenos plan(s)? Yes No

		Lumenos HSA-Comp 1500	Lumenos HSA-Comp 2000	Lumenos HSA-Comp 3000	Lumenos HIA Plus 3000	PPO 2400 (HSA-Comp)	PPO 3500 (HSA-Comp)	Solution 2500 PPO	Solution 3500 PPO	Solution 5000 PPO	*Power \$35 SelectHMO	Saver \$30 HMO	Classic \$30 HMO	HMO \$25 100%	*Power SelectHMOs are not available in conjunction with any other HMO plan or in Area 1. For HMO plans Provide 3 or 6-digit Primary Care Physician number here.
Check box to indicate your currently offered plan(s):															
Check box to indicate any plan(s) you would like to add, if applicable*:															
Member's Name	Member's SSN or ID No.														
1)															
2)															
3)															
4)															
5)															
6)															
7)															
8)															
9)															
10)															

Please photocopy form if additional rows are needed

The following Medical plans are offered by Anthem Blue Cross: HMO \$25 100%, Classic \$30 HMO, Saver \$30 HMO, and Power \$35 SelectHMO; Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan.
 The following Medical plans are offered by Anthem Blue Cross Life and Health Insurance Company: Lumenos HSA 3000, Lumenos HSA 2000, Lumenos HSA 1500, Lumenos HIA Plus 3000, and PPO 3500/2400 (HSA-Compatible) plans, Solution 2500 PPO, Solution 3500 PPO and Solution 5000 PPO.

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